

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041347

FILED VS. NOV 20 1959

294

Primary Registration District No.

3056

Registrar's No.

262

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 51 Yrs		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 513 1/2 W. Reed St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 513 1/2 W. Reed St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle PERRY Last HOLLOWAY				4. DATE OF DEATH Month NOV. Day 12 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-26-1906	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Wisdom Const. Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John H. Holloway			13b. MOTHER'S MAIDEN NAME Lillie Dahl		14. NAME OF HUSBAND OR WIFE Bessie Holloway		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-07-2260		17. INFORMANT Address Mrs. C. P. Holloway Moberly			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 10da	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Moberly		COUNTY Randolph		STATE MO	
21. I attended the deceased from Nov 2 and last saw her/him alive on Nov 11, 1959 Death occurred at 513 1/2 W Reed Moberly Mo on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. Smith M.D.				22b. ADDRESS 312 1/2 W Reed Moberly Mo		22c. DATE SIGNED 11-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-14-1959	23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Moberly Mo.			
24. FUNERAL DIRECTOR ADDRESS Mahan Funeral Service Moberly			25. DATE RECD. BY LOCAL REG. 11-14-59		26. REGISTRAR'S SIGNATURE Leah Lawrence		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 17 1959

MAR 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Green

Licensed Embalmer No. 3815

P. O. Address Mohaleys

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.